

Skill Assessment for 2.0 Players

Name: _____ Self-Rating: _____ Date: _____
 Email: _____ Cell Phone: _____ #Games Observed: _____

Weather Conditions: _____

To be filled out by the Rating Team:

2.0 Skill Level – should ALSO possess most/all 1.5 Skills

	0	1	2	3
Knows some of the basic rules , “two bounce rule” and scoring				
Demonstrates a forehand groundstroke				
Demonstrates a backhand groundstroke				
Demonstrates a volley				
Demonstrates an overhead smash				
Gets some serve s into the correct service square				
Knows where to stand as the serve team and the return team				
Has good mobility, moving in a safe and balanced manner *				
Has good quickness *				
Has good hand – eye coordination *				

Svc. Requirement – 4 out of 10 (40%)		
	YES	NO
Service Good		
Service foot faults		

Svc. Return Requirement – 4 out of 10 (40%)		
	YES	NO
Good Forehand		
Good Backhand		

Volley Requirement – 4 out of 10 (40%)		
	YES	NO
Backhand		
Forehand		
Non-Volley Zone foot faults		

Rater’s Sign: _____ Actual Skill Level: _____ Player’s Sign: _____

Ledger: 0 = Not observed or not able to execute, 1 = attempted but very poorly executed/needs work, 2 = good basic form, but needs work, 3 = solid, consistent performance